DDS/DMH/DCF/MRC MAP TECHNICAL ASSISTANCE TOOL

Medication System Monitoring Check List

2-10-21

Service Provider: **MAP Registered Site Address:** **DPH MCSR:** **Exp. Date:**

There are __ persons at this site; ___'s HCP orders, pharmacy labels and medication sheets were reviewed; unless otherwise indicated.

Contact(s):

Date of Visit: Reason for Visit:

MAP Coordinator/Reviewer:

The MAP Technical Assistance Tool is divided into 'parts' A-R; each 'part' of the 'Tech Tool' references the Section(s) of the MAP Policy Manual where supporting and additional information can be located. The comment section may be used by the MAP Coordinator/Reviewer to provide additional information to the Registered Site.

For each item marked 'NO' below, a response is required to this reviewer by (xx-xx-xxxx); except for those items requiring immediate response. Please include a description of actions taken or planned to address each issue identified. The response may include but is not limited to supporting documents (such as staff training attendance lists, etc.), the responsible person(s) and timelines for implementation and/or completion. The response may be added to the comments box below.

A. HEALTH CARE PROVIDER (HCP) ORDERS (SECTION 13)	**YES**	**NO**	**COMMENTS**
1. HCP orders are present for all medication (prescription, Over-the-Counter) and Dietary Supplements			
a. HCP orders are valid with HCP signature on the same page as orders and dated within 1 year			
b. HCP orders include the dose including liquid medication			
c. HCP orders are present in the event the medication is not available to administer such as prior authorization, etc. reflecting HCP recommendation until the medication is obtained			
d. PRN orders include a frequency specifying how many hours apart doses may be administered, target signs and symptoms, instructions for use and guidelines when to notify HCP, if applicable			
e. PRN orders include hours apart from regularly scheduled doses of the same medication			
f. PRN orders for 'pain', 'constipation', 'anxiety', etc. must be defined, unless the person self-reports			
g. HCP orders are posted and verified (staff signatures, dates and times) below HCP signature			
h. Telephone orders are signed within 72 hours, posted and verified twice; before and after HCP signs			
i. No writing or marking on HCP orders: Highlighting, if preferred, may be used as a visual prompt for a HCP signature.			
2. Protocols cross referencing medication are signed and dated by the HCP annually, and posted and verified.			
3. Changes in medication orders are handled as new HCP orders			
a. Prescriptions are not substituted for HCP orders			
b. Outdated HCP orders are not being used which have been superseded by newer orders			
c. Outdated HCP orders are removed from the Medication Book			

d. New HCP orders are obtained and reconciled before hospital discharge (prior HCP orders are not used)			
4. HCP order forms listing multiple medication, after a medication is DC'd; staff may print in the margin: DC, date, initials and see new order, if applicable			
5. Exhausting a current supply of meds meets criteria (new written HCP order with corresponding transcription)			
a. Medication container has been flagged using a 'directions change' sticker that does not cover label directions and the sticker is not used for more than 30 days.			
b. The medication container or pharmacy label is not written on by staff			
6. HCP orders, pharmacy labels and medication sheets agree			
7.There is an internal MAP monitoring system			
B. Over the Counter (OTC) Method B, if applicable (SECTION 06)	**YES**	**NO**	**COMMENTS**
1. OTC Method B is used for OTCs and/or Dietary Supplements not labeled by the pharmacy			
2. Verification process completed for each OTC medication and/or Dietary Supplement without a pharmacy label			
a. Container is marked by licensed professional; individual's name, nurse's initials and date			
b. HCP order for the OTC medication/Dietary Supplement is noted after verification by licensed professional; nurse initials and date			
3. Process is repeated each time HCP order is updated and/or each time new OTC medication and/or Dietary Supplement is purchased			
4. OTC medication and/or Dietary Supplement without pharmacy label training is on site; training content includes			
a. Name and contact info of Trainer			
b. Dated attendance list of trained staff proficient in the skill			
c. How to administer each OTC medication and/or Dietary Supplement without a pharmacy label			
d. A complete set of training materials used to train staff			
C. VITAL SIGNS (SECTIONS 03 & 08)	**YES**	**NO**	**COMMENTS**
1. Each HCP is consulted to determine if vital signs (VS) are required for medication administration			
a. There are specific written parameters and steps to take when readings are outside stated parameters			
b. VS are monitored by Certified and/or licensed staff as ordered			
c. VS are documented on med sheet above or below documentation for administration of medication			
2. HCP is notified if VS were not obtained or parameter steps not followed			

a. Following notification, HCP orders and/or instructions received are documented			
3. VS training is on site; training content includes at a minimum			
a. Name and contact info of Trainer (HCP, RN, LPN, Pharmacist, Paramedic or EMT)			
b. Dated attendance list of trained staff proficient in the skill			
c. Equipment specific instructions for use			
d. A complete set of training materials			
D. MEDICATION DOCUMENTATION (SECTIONS 06, 08 & 13)	**YES**	**NO**	**COMMENTS**
1. HCP orders are correctly transcribed onto the medication sheets			
a. If there is a documentation error in transcription or the medication order changes, the medication order was re-transcribed; edits are not made to an existing transcription.			
2. Reason why each medication is ordered is on medication sheet			
3. All documentation is in blue or black ink			
4. All boxes in the medication sheets are initialed that medication was given and/or, if applicable			
a. Only acceptable codes are used and are listed on the medication sheet			
b. A progress note is written by staff who administered a medication but forgot to initial			
5. Medication not given as ordered (refusal and/or other reasons) are documented correctly, including			
a. Initials are circled on medication sheet			
b. A corresponding progress note indicating why medication was not given			
c. Documentation of consultation with MAP Consultant and recommendations are present			
d. If refused, documentation of HCP notification			
6. Administration of PRN medication is documented correctly including			
a. Initials and time of administration			
b. Reason medication was given			
c. Effectiveness of medication given (using subjective and/or objective observations)			

7. Errors are properly corrected (single line through error, 'error', initials); followed by corrected documentation			
8. Staff administering medication have signed the signature list using their first and last name along with corresponding initials			
9. Monthly medication sheet accuracy check by 2 Certified and/or licensed staff prior to the medication sheet being used.			
10. Data tracking (BM, BGM, weight, etc.) needed to cross reference for medication administration is completed			
a. Data is recorded on the medication sheet, in a separate block, above or below or consecutive to the medication.			
11. A current seizure record is present (includes date of last known seizure, if infrequent); if applicable			
a. Seizure record is available to cross reference for medication administration, if applicable			
12. Emergency Fact Sheet is present			
a. Current medications, dosage and frequency are listed or attached.			
13. Allergies are written on all HCP orders, consult forms, medication sheets and emergency fact sheets, etc.			
E. STAFF CERTIFICATION (SECTIONS 02 & 10)	**YES**	**NO**	**COMMENTS**
1. Acceptable proof of Certification for all staff administering meds (including relief staff) is current and on site			
F. ANCILLARY PRACTICES (SECTIONS 08 & 14)	**YES**	**NO**	**COMMENTS**
1. A CLIA Waiver is present for on-site laboratory testing by Certified or licensed staff (e.g., blood glucose monitoring, urine dip, etc.)			
Blood Glucose Monitoring (BGM), if applicable	**YES**	**NO**	**COMMENTS**
2. There is an HCP order and/or protocol for BGM			
a. There are specific written upper/lower parameters			
b. There are steps to take when readings are outside stated parameters			
c. Blood glucose is monitored by Certified and/or licensed staff as ordered			
3. HCP is notified if notification parameters were met; if BGM was not completed; or if parameter steps were not followed			
a. Following notification, HCP orders and/or instructions received are documented			
4. BGM training is on site; training includes at a minimum			
a. Name and contact info of Trainer (HCP, RN, LPN, Pharmacist)			
b. Dated attendance list of staff proficient in the skill			

c. Equipment specific instructions for use			
d. A complete set of training materials			
Insulin, if applicable	**YES**	**NO**	**COMMENTS**
5. Insulin is managed by licensed nurses or			
a. An individual meets all criteria for self-administration; supporting documentation is on site or			
b. An individual is transitioning to self-administering with only licensed staff support; supporting documentation is on site			
Epinephrine via Auto-Injector, if applicable	**YES**	**NO**	**COMMENTS**
6. There is an HCP order and/or protocol for epinephrine via auto-injector administration			
7. Yearly epinephrine via auto-injector training is on site; training includes at a minimum			
a. Name and contact info of Trainer (HCP, RN, Pharmacist, Paramedic or EMT); subsequent annual review by LPN			
b. Dated attendance list of staff proficient in the skill			
c. A complete set of training materials			
8. Epinephrine via auto-injector training DPH 'Competency Evaluation Tool' is on site; per staff per individual			
9. Certified staff administering epinephrine via auto-injector have current vital signs, first aid and CPR training			
Gastrostomy or Jejunostomy Tube, if applicable	**YES**	**NO**	**COMMENTS**
10. Gastrostomy or Jejunostomy training is on site; training includes at a minimum			
a. Name and contact info of Trainer (RN)			
b. Dated attendance list of staff proficient in the skill			
c. A complete set of training materials			
11. Current Gastrostomy or Jejunostomy DPH 'Competency Evaluation Tool' for medication administration and water flushes are on site; per staff per individual			
12. Certified staff administering meds via g and/or j tube have current vital signs, first aid and CPR training			
Oxygen Therapy, if applicable	**YES**	**NO**	**COMMENTS**
13. There is an HCP order for oxygen therapy			
a. There are specific written parameters			
b. There are instructions for follow up when oxygen needs are outside of established parameters			

14. HCP is notified if notification parameters were met; if oxygen was not administered; or if parameter steps were not followed.			
a. Following notification, HCP orders and/or instructions received are documented			
15. Oxygen training is on site; training includes at a minimum			
a. Name and contact info of Trainer (HCP, RN, LPN, Respiratory Therapist, company supplying equipment)			
b. Dated attendance list of staff proficient in the skill			
c. A complete set of training materials			
16. Certified staff administering oxygen have current vital signs training			
Warfarin Sodium Therapy, if applicable	**YES**	**NO**	**COMMENTS**
17. There is an HCP order for warfarin sodium; order includes			
a. Specific medical condition or diagnosis			
b. INR target range/goal			
18. Warfarin sodium dosages received from an Anticoagulation Management Service are ordered by an HCP			
19. There is an individualized warfarin sodium therapy protocol			
20. Medication sheet includes additional requirements			
a. Upcoming INR lab draw date			
b. Space is present for second staff (when available) to verify (initial) accuracy of medication dosage			
c. Acceptable code 'NSS' is used if no second staff is available to verify warfarin sodium dose			
21. Warfarin sodium training is on site; training content includes at a minimum			
a. Name and contact info of Trainer (HCP, RN, NP, PA, RPh); subsequent reviews may be conducted by LPN			
b. Dated attendance list of staff proficient in the skill			
c. A complete set of training materials			
22. 'Evaluation Tool for Warfarin Sodium Therapy' training is on site; per staff per individual			
23. There is a tracking system (i.e., blister pack monitoring, warfarin sodium is added to count, accounting documentation procedure, etc.)			

24. Dose changes are documented in a progress note(narrative note), chronological event sheet, etc.			
Clozapine Therapy, if applicable	**YES**	**NO**	**COMMENTS**
25. There is an HCP order for clozapine; order includes			
a. Specific medical condition or diagnosis			
b. Individualized instructions if dose omitted; including if clozapine dosage is omitted for 2 days or more			
26. Changes in HCP clozapine orders are communicated to all staff and documented in the form of a narrative note.			
27. There is an individualized clozapine therapy protocol including, but not limited to:			
a. When to contact the clozapine prescriber and/or the MAP Consultant			
b. Adverse effects of clozapine therapy			
c. Emergency procedure to follow including calling 911 and prescriber notification			
28. Medication sheet includes documentation of completed labs and upcoming lab draw dates			
29. Clozapine training is on site; content includes at a minimum			
a. Name and contact info of Trainer (HCP, RN, NP, PA, RPh); subsequent review may be conducted by LPN			
b. Dated attendance list of staff proficient in the skill			
c. A complete set of training materials			
30. 'Evaluation Tool for Clozapine Therapy' training is on site; per staff per individual.			
31. Certified staff administering clozapine have current vital signs training			
G. COUNTABLE CONTROLLED SUBSTANCE PACKAGING (SECTION 10)	**YES**	**NO**	**COMMENTS**
1. All Schedule II-V (countables) are received from pharmacy in tamper resistant packaging			
2. Tamper resistant package (blister pack, OPUS, Optipak) is absent of glue or tape			
3. There is only one tablet or capsule packaged per blister (Schedule II-V)			
4. Liquid countables are packaged by the pharmacy in unit dosed containers			
5. If blister pack monitoring is completed, initials, date and time are noted on the backside of the package only			
OPUS Cassette Management of Spare Tablets , if applicable			

6. If the medication is countable, there are no spare tablets			
7. If the medication is non countable, the pharmacist does not supply spare tablets or			
8. Non countable spare tablets are disposed so that empty cassettes are returned or			
9. There is an inventory system to track non countable spare tablets returned			
H. COUNTABLE CONTROLLED SUBSTANCE DOCUMENTATION (SECTION 10)	**YES**	**NO**	**COMMENTS**
1. Countable Controlled Substance Book (Count Book) is bound, numbered, with pages numbered, and intact			
2. Two Certified staff signatures, one of which is a supervisor, are present when information is transferred to a new Count Book			
3. Count Book index is complete and accurate			
4. Highlighting, if used, is only in Count Book Index to indicate a row is not active.			
5. Schedule II-V countable controlled substances, including discontinued medications awaiting disposal, are on count			
6. Schedule II-V countable controlled substances written prescriptions awaiting drop off to pharmacy, are on count			
7. Schedule VI controlled substances (Fioricet and Gabapentin) identified by the DCP as having high potential for abuse, are requested by DCP to be on count			
8. Two signatures are present when adding medication to the count (newly ordered meds and refills)			
a. Each time there is a change in prescription number the new number and date received is documented.			
9. Count Sheet page headings reflect HCP order and pharmacy label			
10. Countable controlled meds are subtracted from the Count Book when removed (to be administered, LOA, transfer to DP, etc.)			
11. Entries are not squeezed in between lines			
12. The same 2 Certified staff signatures are present and continuation pages are referenced correctly when transferring to a new Count Sheet page (bottom of used page/top of new page)			
13. If a countable controlled medication is disposed, documentation includes reason and two staff signatures			
14. If a countable controlled medication is disposed and the remainder is zero, the ‘amount left’ column is marked as ‘0’			
15. Count Sheet pages and Count Signature pages include progress notes explaining count discrepancies (suspicious and/or non-suspicious), if applicable			
a. Status of count is marked as ‘no’, if applicable			
16. Errors are properly corrected (single line through error, ‘error’, initials); followed by corrected documentation			

17. There are no blank spaces; pages and/or lines are not skipped			
18. Schedule II-V (countable controlled) are counted every time control of the medication key is passed			
19. Medication count is correct at time of review			
20. Medication losses (all prescription medication and/or written prescriptions) reported to Drug Control Program within 24 hours of discovery			
21. No evidence of tampering or diversion upon review			
I. TRANSITIONING TO SELF-ADMINISTERING, if applicable (SECTION 07)	**YES**	**NO**	**COMMENTS**
1. Self-Administration assessment is present and dated within 1 year			
2. A teaching plan is developed and noted in the state department specific plan (ISP, IEP, etc.) for an individual transitioning from non-self-administering to self-administering status and is followed			
3. HCP documentation from all prescribers indicating approval for transitioning to self-administration and the number of days/doses a person may pack and hold meds is present			
4. HCP orders related to learning to self-administer status are signed and dated within one year			
5. Only pharmacists or individuals learning to self-administer prepares pill-organizer			
6. If the individual learning to self-administer prepares a pill-organizer for scheduled and/or PRN medication, 'P' is documented on an observation or medication sheet with documentation that includes			
a. Medication was transferred/repackaged by the individual			
b. Date medication was transferred/repackaged by the individual			
c. Name, dosage and quantity of medication transferred/repackaged			
d. Documentation of Certified staff supervising individual transferring/repackaging is present			
e. Documentation of when pill organizer is returned, including; empty or if medication remains.			
7. Returned or forgotten doses are reported to the HCP and are disposed per MAP Policy.			
8. PRN medication is packaged separate from scheduled medication			
a. Number of PRN doses packaged based on skill assessment and HCP documentation			
b. There is no more than a maximum of 7 doses of PRN medication packaged			
c. There is a system for subsequent documentation of PRN doses taken and its effectiveness (e.g., individual notifies program staff PRN med was taken and its effectiveness)			
9. Progress of teaching plan is documented on a data collection sheet and in quarterly review notes			

a. An individual's completion of a teaching plan is recorded on a Self-Administration Assessment form			
J. SELF-ADMINISTERING, if applicable (SECTION 07)	**YES**	**NO**	**COMMENTS**
1. HCP documentation is present indicating approval to self-administer			
2. HCP orders are valid with HCP signature on the same page as orders and dated within 1 year			
3. Self-Administration assessment is present and dated within 1 year			
4. Self-Administration status is noted in the State Agency specific plan (ISP, IEP, etc.)			
5. Quarterly review of self-administration status is present			
6. A documented support plan is in place detailing needed supports, oversight required and the plan to follow if for some reason the individual becomes unable to safely self-administer			
7. Medication is stored in a locked container or area accessible only by the individual. Locked medication container is not stored in the medication storage area unless required to protect safety of others			
K. LEAVE OF ABSENCE (LOA) and OTHER OFF-SITE ADMINISTRATION (SECTION 11)	**YES**	**NO**	**COMMENTS**
1. Pharmacists package medication for routine absences less than 72 hours and/or extended absences greater than 72 hours			
2. If pharmacy cannot, and absence is unplanned and less than 72 hours, medication may be packaged by Certified staff per MAP Policy			
3. LOA forms include signatures of persons releasing and accepting the medication are maintained in the individual's record			
4. Oral LOA medications returned to the site are disposed per MAP Policy			
5. Medication for off-site administration are prepared and documented according to MAP Policy			
6. Medication transfer forms include signatures of persons transferring and accepting the medication			
a. The address of MAP Registered site the medication is transferred from and the address of the location the medication is transferred to.			
b. Medication transfer forms are maintained at the MAP Registered site.			
L. MEDICATION ORDERING/RECEIVING (SECTIONS 10 & 12)	**YES**	**NO**	**COMMENTS**
1. Documentation of medication ordered and received is on site (includes medication on automatic refill)			
2. Pharmacy receipts are kept for 90 days			
a. If pharmacy manifests are used as the medication ordering and receiving system, they are kept indefinitely and one year of documentation is readily available.			
M. STORAGE AND SECURITY (SECTION 10)	**YES**	**NO**	**COMMENTS**
1. Med area is clean and contains only supplies needed for med administration			

2. Unauthorized personnel cannot gain access to med area			
3. Medication area is key accessed and locked when not in use.			
a. Medication storage keys are locked when Certified Staff are not on site			
b. 'Other' keys/items are not stored with 'medication keys'			
c. There is a back-up (duplicate key); Accessible only by administrative staff and procedures are in place for back-up key usage.			
4. Prescription and OTC medication and Dietary Supplements are in date			
5. Prescription (Schedule VI) and OTC medication and Dietary Supplements are packaged with varying strengths separated, including whole and ½ tabs			
6. Internal and external products are stored separately			
7. All Schedule VI meds, needles, OTC meds and discontinued meds are stored in a locked container (refrigerated container when needed) or area			
8. All Schedule II-V (countable meds) are double key-locked			
9. Unless prescription plan requires otherwise, no more than a 37-day supply of prescription medication is stored on site. (If excess due to prescription plan requirement, documentation is present)			
N. MASS CONTROLLED SUBSTANCES REGISTRATION (SECTION 01)	**YES**	**NO**	**COMMENTS**
1. Non-expired registration (MCSR) is on site where medication is stored			
0. MEDICATION DISPOSAL (SECTION 10)	**YES**	**NO**	**COMMENTS**
1. Current DPH disposal form is used for ALL prescription meds (Schedule II-VI). May also be used for OTCs and Dietary Supplements			
a. Disposal form heading is complete with Service Provider name, address and DPH MAP Registration number(MCSR)			
b. Page numbers are completed sequentially			
c. Item numbers are completed sequentially			
d. Disposal blocks are not skipped			
e. All spaces are completed within a medication disposal block			
f. Countable medication disposal block includes a Count Book number and Count Sheet page number			
2. Discontinued or outdated meds are disposed by two Certified staff, one of which is a site supervisor			
a. Disposal documentation of Schedule II- V medications matches Count Book documentation.			
3. If a site supervisor is unavailable when an individual refuses a prepared medication, or a pill is inadvertently dropped, two Certified staff may dispose of the medication			

4. Licensed staff participating in disposal with site supervisor sign in signature space labeled 'staff'			
5. Prescription meds disposed by one Certified staff or by one licensed staff are reported as a controlled substance loss			
P. PROGRAM RESOURCES (SECTIONS 01, 10)	**YES**	**NO**	**COMMENTS**
1. Current (dated less than 2 years) drug reference materials (book or medication information sheets present for each med ordered) are on site; hard copy			
2. Current MAP Policy Manual is on site (hard or electronic copy)			
a. All advisories are added to the manual			
3. Current MAP training manual 'Responsibilities in Action' (RIA) is on site (hard or electronic copy)			
4. If electronic copy used, documentation available on site that 'all' Certified staff know how to directly access			
a. electronic copy is available on-site twenty-four hours a day			
b. on-line reference information (specific to individual's prescribed medications or Dietary Supplements) is maintained by a government or other reputable source			
c. there is a contingency plan in the event the site's computer is not functioning			
Q. PROVIDER POLICIES AND PROCEDURES (SECTIONS 06, 08, 10 and 11)		**YES** **NO**	**COMMENTS**
1. Related to 24/7 access to MAP Consultant(s)			
2. Medical emergencies related to medication administration			
3. Leave of Absence (LOA);			
a. Obtaining properly labeled containers when a medication is given in more than one location			
b. Identifying and educating staff/family/friends responsible for off-site medication administration			
4. Access to the medication area			
5. Vital signs			
6. Medication administration times			
7. All pertinent medication specific policies			
a. Method B labeling policy for the administration of OTCs and/or Dietary Supplements without a pharmacy label			
b. Blood Glucose Monitoring			
c. High Alert Medication Clozapine			

d. High Alert Medication Warfarin Sodium			
e. Oxygen			
8. Internal reporting procedure for managing/reporting medication refusals and/or other similar medication issues.			
R. MEDICATION OCCURRENCE REPORTS (SECTIONS 09 & 10)	**YES**	**NO**	**COMMENTS**
1. Single page of Emergency Contact Numbers (e.g., poison control, 911, pharmacy, etc.) near phone			
2. MAP Consultants are available 24 hours a day			
3. 'HOTLINE' MORs are faxed to DPH and MAP Coordinator within 24 hours of discovery			
4. All MORs submitted to MAP Coordinator (DDS-via HCSIS) within 7 days of discovery			
5. All original 'paper' MOR forms, if applicable are filed on site			
6. MOR data entered directly into HCSIS (no paper form used) can be retrieved electronically at the site			
7. Documentation of follow-up indicated on MOR to minimize future occurrences is on site (e.g., staff training, supervised medication pass, policy change, etc.)			